

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR  
TAX DEFERRAL APPLICATION

## STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	SUSAN PARKER		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	PARKER	APPLICANT'S FIRST NAME	SUSAN	MI	A	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	24 VIRGINIA LANE					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	24 VIRGINIA LANE					
TAX MAP	9	BLOCK	179	LOT		

## STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

## VETERANS' TAX CREDITS / EXEMPTION

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s)				
<input type="checkbox"/> Other Information				
<input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the	<input type="checkbox"/> Veteran	<input type="checkbox"/> Surviving Spouse	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>	

## APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single			48000.00	65-74 years of age	230000.00
Married			71000.00	75-79 years of age	260000.00
				80+ years of age	310000.00
Asset Limits					
Single			250000.00		
Married			250000.00		

## STANDARD and LOCAL OPTIONAL EXEMPTIONS (when previously adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	230000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	

## ELDERLY / DISABLED TAX DEFERRAL

<input type="checkbox"/> Elderly & Disabled Tax Deferral	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>	AMOUNT	DATE
--	--	--------	------

For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)

## STEP 3 COMMENTS / NOTES

Municipal Notes

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	<b>OWNER AND APPLICANT INFORMATION</b>																		
	<p><b>OWNER</b>  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Susan Parker</div> </p> <p>If required, is a PA-33 on file?  <input type="radio"/> YES <input type="radio"/> NO         </p> <table style="width:100%;"> <tr> <td style="width:40%;">APPLICANT'S LAST NAME</td> <td style="width:40%;">APPLICANT'S FIRST NAME</td> <td style="width:5%;">MI</td> <td style="width:15%;">PHONE NUMBER</td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> <tr> <td>APPLICANT'S LAST NAME</td> <td>APPLICANT'S FIRST NAME</td> <td>MI</td> <td>PHONE NUMBER</td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> </table> <p><b>MAILING ADDRESS</b>  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">24 Virginia Lane</div> </p> <p><b>CITY/TOWN</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Seabrook</div> <b>STATE</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">NH</div> <b>ZIP CODE</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">03874</div> </p> <p><b>PROPERTY ADDRESS</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">24 Virginia Lane</div> <b>TAX MAP</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">9</div> <b>BLOCK</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">179</div> <b>LOT</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> </p> <p>IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO</p>				APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER																
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>																
APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER																
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>																
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	<b>VETERAN'S INFORMATION</b>																		
	<p><b>1. APPLICANT IS THE:</b>  <input type="radio"/> Veteran  <input type="radio"/> Spouse  <input type="radio"/> Surviving Spouse         </p> <p><b>2. APPLYING FOR:</b>  <input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)  <input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) <i>If Adopted by Town</i> Standard (\$50) / Optional (\$51 up to \$750)  <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)  <input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "of any person who was killed or died while on active duty...")  <input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) <i>If Adopted by Town</i> (\$50 up to \$500)  <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)         </p> <p><b>3. Veteran's Name</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <b>Dates of Military Service</b>  Enter (MMDDYYYY) <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> </p> <p><b>4. Date of Entry</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <b>5. Date of Discharge/Release (if applicable)</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> </p> <p>IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)  <b>6. Name of Allied Country Served in</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <b>7. Branch of Service</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> </p> <p><b>9. Does any other eligible Veteran own interest in this property?</b>  YES <input type="radio"/> NO <input type="radio"/> If YES, provide name <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> </p> <p><b>8. Please Check One.</b>  <input type="radio"/> US Citizen at time of entry into Service  <input type="radio"/> Alien but resident of NH at time of entry into Service         </p>																		
STEP 3 EXEMPTIONS	<b>STANDARD EXEMPTIONS</b>																		
	<p><b>10.</b> <input checked="" type="checkbox"/> <b>Elderly Exemption</b> (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)  (Enter numbers only MMDDYYYY) <b>10a. Applicant's Date of Birth</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3-13-1966</div> <b>10b. Spouse's Date of Birth</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> </p> <p><b>11.</b> <input type="checkbox"/> <b>Improvements to Assist Persons with Disabilities</b> (RSA 72:37-a)</p> <p><b>12.</b> <input type="checkbox"/> <b>Blind Exemption</b> (RSA 72:37)</p>																		
STEP 4 RESIDENCY	<b>LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</b>																		
	<p><b>13.</b> <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85)  <input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)  <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)  <input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)         </p> <p><b>14.</b> <input checked="" type="checkbox"/> <b>NH Resident for One Year</b> preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)  <input type="checkbox"/> <b>NH Resident for Five Consecutive Years</b> (Deaf) or <b>At least Five Years</b> (Disabled) preceding April 1 in the year the exemption is claimed  <input type="checkbox"/> <b>NH Resident for Three Consecutive Years</b> preceding April 1 in the year the exemption is claimed (Elderly Exemption)         </p>																		
STEP 5 OWNERSHIP	<p><b>15. Do you own 100% interest in this residence?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div></p>																		
STEP 6 SIGNATURES	<p>Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.</p> <p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Susan L. Parker</div></p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER <span style="float: right;">DATE <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4/10/2005</div></span></p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER <span style="float: right;">DATE <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div></span></p>																		

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

**REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS**  
**OPTIONAL ADJUSTED ELDERLY EXEMPTION**  
**FOR THE TOWN OF SEABROOK, NH**

Please fill out each area carefully. Please make certain that you sign at the end of the form in the signature area provided. All financial documents and bank statements must be included with application.

RECEIVED

APR 10 2015

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Susan L. Parker

Mailing address: 24 Virginia Lane

Marital status: married: \_\_\_\_\_ single: ☒ Widow(er): \_\_\_\_\_

Residence owned: solely: ☒ joint tenants: \_\_\_\_\_ w/other(s) \_\_\_\_\_ Trust: \_\_\_\_\_ Life estate \_\_\_\_\_

Number of years owned residence: 11 I have been a legal resident of NH since: 2013

Date of birth: 3-13-1960 Age: 65 Spouse's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Do you own real estate other than your occupied NH residence? no (If yes, please attach tax bill)

**2) Income Information** (yearly amount from last year)

**VERIFICATION OF ALL THE FOLLOWING MUST BE SUBMITTED**

	Applicant	Applicant's Spouse	
a. Social Security:	\$ <u>10,115.00</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ <u>5101.58</u>	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ <u>400.00 401K</u> <u>Savers.</u>	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>15,616.58</u>	\$ _____	<u>15,616.58</u>
	Total Income	Total Income	Total of all Income

Are you required to file an interest and dividends tax return to the State of New Hampshire? no (If yes, please provide a copy of your return)

Are you required to file an IRS tax return? yes (If yes, please provide a copy of your most recent federal income tax return. If no, please sign the attached form 8821 authorizing the Town of Seabrook to contact the IRS for verification purposes.)

### 3. Asset Information

a. Type of property for which exemption is claimed: Single Family ☒ Multi-family ☐

b. If multi-family, in which unit do you reside? \_\_\_\_\_ What is the living area of your unit? \_\_\_\_\_

#### Assets:

Please list all assets owned (self & Spouse)

Savings Accounts or Investments/Certificates: (CD's, stocks, bonds, IRA's, annuities, travel trailers, RV's, boats, antiques, cars, etc.)

#### YOU MUST SUBMIT VERIFICATION OF THESE AMOUNTS (CURRENT STATEMENTS WITH BALANCES)

Savings Account:	Institution <u>                    </u>	Value \$ <u>                    </u>
Checking Account:	Institution <u>Santander</u>	Value \$ <u>175.20</u>
IRA:	Institution <u>Fidelity</u>	Value \$ <u>1,147.08</u>
CD:	Institution <u>                    </u>	Value \$ <u>                    </u>
Type <u>                    </u>	Institution <u>                    </u>	Value \$ <u>                    </u>
Type <u>                    </u>	Institution <u>                    </u>	Value \$ <u>                    </u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 300.00

#### Vehicles:

Car make Honda Model Civic LX Year 2009 Mileage 194,000 Value \$ 1,200.00

Car make                      Model                      Year                      Mileage                      Value \$                     

Boat make                      Model                      Year                      Mileage                      Value \$                     

RV make                      Model                      Year                      Mileage                      Value \$                     

Real Estate: Other than your occupied NH Residence

Property type                      In town& State                      Value \$                     

Property type                      In town& State                      Value \$                     

Total of all assets \$ 2,822.28

I swear under penalty of perjury, that all the above is correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the Town of Seabrook Assessor's Office. I release all persons whomsoever from any liability resulting from the release of this information.

Applicant's Signature: Susan R. Parkin Spouse's Signature:                      Date: 4/10/25

Telephone number: 603-918-2134

(Office use only) Reviewed by CE